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Basic Counseling Strategies

After mastering the material in this chapter, you should be able to

1. Identify, explain, and discuss the *nondirective* counseling approach.
2. Identify, explain, and discuss the *directive* counseling approach.
3. Identify, explain, and discuss the *eclectic* counseling approach.
4. Identify, explain, and discuss the *action/behavioral* counseling approach.
5. Discuss significant factors that determine the counseling approach a helper might use in working with others.

Counseling and psychotherapy have a long tradition of arguing which therapy is best, rather than determining which therapy is best for which individuals under what conditions.

—Allen E. Ivey and Lynn Simek-Downing

A particular technique is effective to the degree to which it is acceptable to and compatible with the personality of the individual being counseled. The counselor must, therefore, be well informed on theory and be imaginative in the application of concepts gained from theory.

—Lester N. Downing

Downing (1975) comments that the counselor must be well-informed on the major counseling theories; it is from this knowledge of appropriate techniques and procedures that the counselor is able to accommodate the client. This chapter presents four basic counseling theories that will aid individuals in the helping professions. Each of these theories translates into a counseling approach that a helper may use within a counseling relationship. By understanding these strategies, the helper will be better able to intervene at the appropriate time and help parents of exceptional children. Demos and Grant (1973) comment that mastering the specifics, or techniques, of counseling will make an effective helper. The important thing in helping parents is that the helper selects the best strategy for the situation.

The following approaches may appear rather simple, and this is deceptive. The selection and effective application of these strategies require a person with sufficient skills, training, and experience. The helper must recognize personal limitations when attempting to use a wide range of techniques; limit your involvement to parents you can assist by the competencies you hold. The beginner must study and especially practice (preferably in role-playing situations) before mastering the competencies necessary for effective helping. Because counseling is concerned with developing and utilizing personal competencies to help individuals (parents) recognize and utilize their own potential, skilled helpers can select the technique most appropriate for helping parents with their particular problems or concerns.

THE THREE TRADITIONAL APPROACHES

According to Stewart (1974), counseling, for many years, was heavily influenced by three traditional approaches: (1) the directive or counselor-centered approach, (2) the nondirective, client-centered, or Rogerian approach, and (3) the eclectic approach. Other approaches are now popular

among various practitioners in our society, such as Existential (May), Gestalt (Perls), Psychoanalytic (Freud), Logo (Frankl), Rational Emotive Therapy (Ellis), and Transactional Analysis (Berne).

This chapter provides an in-depth discussion of the three traditional approaches of counseling, with the addition of action or behavioral counseling. The effective counselor must be knowledgeable about the basic concepts and principles underlying each approach.

The Directive Approach

The directive approach is often referred to as clinical, trait factor, or counselor-centered counseling. E. G. Williamson (1950) has been acclaimed as the founder of the counselor-centered method. His book entitled *Counseling Adolescents* provides additional information on the directive approach. According to Williamson, the basic goal of counseling is to help the client develop excellence in all aspects of human life.

Williamson (1959) proposes that an individual's freedom "to become" includes self-destructive and antisocial forms of individuality as well as positive development. He adds that people have potential for either good or evil; the purpose of counseling is to assist in actualizing the good potential in people, particularly with a client who lacks the environmental experiences necessary to foster the good drives and impulses. The counselor's background and training should lead to an understanding of the patient's concerns as well as provide the counselor with the means to help the patient adjust to an unpleasant situation. Because the helper is involved in analyzing, diagnosing, presenting information, and clarifying issues, the helper is active in the learning process of the client. The clinical counselor must not be too therapeutically ambitious; accept the fact that you will be of limited use to parents with problems that are primarily long-term emotional reactions—these are best solved by therapeutic help.

Williamson divided the work of the clinical counselor into six steps that represent a rational approach to life's problems. Shertzer and Stone (1980) note these steps.

Analysis—involves collecting data from a wide variety of sources to obtain an understanding of the client.

Synthesis—refers to the summarizing and organizing of data to determine the client's strengths and liabilities.

Diagnosis—the counselor's conclusions about the problem's causes and characteristics.

Prognosis—refers to the counselor's prediction of the counselee's future development or the implications of diagnosis.

Counseling—means the steps taken by counselor and counselee to bring about adjustment and readjustment.

Follow-up—includes whatever the counselor does to assist the counselee with new or recurring problems as well as the evaluation of counseling effectiveness.



The helper is involved in analyzing, diagnosing, presenting information, and clarifying issues when using the directive approach.

A frequent criticism of the Williamson approach is that it overemphasizes counselor control often resulting in the counselee's becoming too dependent on the counselor for direction and proper courses of action. This viewpoint interprets Williamson too rigidly. In helping parents adjust to difficult experiences, the counselor does not dictate. The counselor does, however, offer experiences and understanding related to the parents' difficulty. The helper does not hesitate to use special skills in giving advice about decisions or courses of action. One major disadvantage of the counselor-centered approach is that poor counselor judgment may lead to adverse consequences.

According to McGowan and Porter (1967), a major advantage of the counselor-centered approach is that since it usually requires only a limited number of interviews, it is a more realistic approach for schools and agencies with a time limit. The judgment and experience of the counselor allow the client to test ideas using the counselor as a "sounding board." Since this is the type of counseling help most people expect when they enter a counseling relationship, the process can usually proceed with a minimum amount of structuring.

The basic assumption underlying the counselor-centered approach is that people must make many and varied decisions—decisions that often call for knowledge and experience that the client is capable of acquiring, but has not had the opportunity to do so. As a result, the client needs to use the knowledge, experience, and technical information that a trained, skilled counselor can provide. Using the counselor's experience, the parent can learn to make and test decisions that will lead to optimal growth and happiness.

Much of a helper's work with parents of exceptional children will call for a directive approach. To be effective in this type of counseling, the counselor should be well-trained in counseling techniques, have adequate diagnostic skills, and possess mature judgment. The helper, as an active participant in the counseling process, will frequently use specific counseling techniques such as (a) asking factual questions that will develop the problem further, (b) supplying the parents with information about themselves and their environment, (c) giving suggestions and advice concerning decisions, and (d) proposing alternative courses of action. Generally, counseling sessions with parents of exceptional children will center on explaining the problem or concern to the parents and then considering the possible results of applying the offered solution.

Coleman (1969) notes that a directive approach appears to be most useful and practical when the client's chief need is for information or reassurance, or when a lack of time dictates an immediate decision that the client is too immature or emotionally upset to make. Davis (1977) points out that directive counseling mostly takes an advisory role, but it also reassures, communicates, gives emotional release, and to a lesser extent, clarifies thinking. Most people enjoy giving advice, counselors included, and it is usually easy to suggest to another person what they should or should not do. Is advice-giving effective? The helper must really understand the parent's problem and possess the technical knowledge of human behavior to make a right decision. Even if the decision is right, the parents may not follow it, or the advice may be rejected or misunderstood. Benjamin (1974) offers an excellent illustration of what a helper might say in order to tactfully refrain from giving advice:

Now arises the question of whether I, the interviewer, feel I have the right on moral, professional, or simply human grounds to give advice. If I conclude that I do not, I should say so openly and clearly.

"It's hard for you to decide, but I feel I have no moral right to do it for you. These are your children, and the decision as to whether to leave them with your wife's parents or to stay with them is one, I'm afraid, you'll have to make on your own.

This lies beyond my professional competence. All I can do is to recommend a qualified physician who may be able to give you sound advice. But even here, different doctors have different approaches; and my guess is that, ultimately, you will have to make up your own mind.

What should I do in your place? Honestly I can't say. I've tried to understand how things seem to you, but I cannot say whether they would look like this to me if I were you. As you will have to live with your decision, I don't want to influence it unduly. I have a feeling, however, that we have not yet considered all the aspects of the home in. . . ." (p. 131)

Helpers, then, should always be cautious about giving advice. Unless providing educational or vocational information, it is usually best to en-

courage parents to work out a solution for themselves. Brammer (1979) points out that another limitation of giving advice is that it reinforces dependency on experts, shifting responsibility for solutions to the helper. The helper who takes the "If I were you . . ." approach is often projecting personal needs, problems, or values into the advice rather than keeping the helpee's needs foremost. Brammer concludes with a basic rule to follow: Do not give advice unless it is a tentative suggestion based on solid expertise. Advice may also be in the form of a possible alternative that has been successfully tried by other parents of exceptional children. In any event, the helper should be extremely cautious about giving advice because as Brammer notes, "the helpee may take the helper's advice and later find that it was invalid. The helper then is blamed when things don't turn out right in the helpee's life" (p. 97).

The Nondirective or Client-Centered Approach

Nondirective counseling is often referred to as self-theory, client-centered, or Rogerian counseling. This counseling approach may be used by a variety of qualified professional counselors; however, all helpers may use Rogerian techniques as they encounter and counsel parents of exceptional children. The acknowledged authority of this school of counseling is Carl R. Rogers, whose theories about helping were destined to profoundly change the counseling profession. Rogers's approach is essentially based on the humanistic belief that people's problems are primarily emotional, and that most clients already possess the objective information they need to make a decision about a problem.

Patterson and Eisenberg (1983) note:

Client-centered counseling is based on a theory of personality referred to as self theory. One's view of self within the context of his or her environment determines one's behavior and personal satisfaction. If provided with a nurturing environment, people grow in confidence toward self-actualization—becoming all they can be. If they do not receive the love and support of significant others, they will likely come to see themselves as lacking in worth and others as untrustworthy. (p. 194)

Rogers has a deep and abiding faith in the goodness of people and in their potential for positive growth given the proper conditions, such as a supportive environment. He argues that people have the basic capacity to set a goal and make correct choices if they are able to see problems objectively in a nonthreatening situation. This is why Rogers originally referred to this type of counseling as *nondirective*—the counselor or therapist does not lead the client but stresses the client's ability to determine the important issues and the potential to solve his or her own problems.

A significant aspect of Rogerian counseling is establishing a warm, per-

missive, and accepting climate that permits the client to express feelings and gain meaningful insight into the problem. The counselor provides an atmosphere in which the parent feels free to discuss concerns with some one who is genuinely willing to listen. Once the counselor has established a relationship characterized by feelings of understanding, acceptance, lack of evaluation, and lack of threat, parents can lower their self-defenses and begin to gain insight into their feelings. This insight allows them the freedom to examine, incorporate, and express previous experiences. Through conditions of acceptance and understanding, the counselor assists the parents in self-discovery and in reaching a better understanding of their problem or concern.

To enhance the counseling relationship, the client-centered counselor must learn to share the individual's internal frame of reference. Rogers (1951) notes, "The best vantage point for understanding behavior is from the internal frame of reference of the individual himself" (p. 494). The counselor must be able to convey to the client an attitude of genuine liking, a complete absence of value judgments, a total concentration on the client's problems, and finally, an ability to share this perceptual framework without losing self-identity. As Rogers (1951) states:

It is the counselor's function to assume insofar as he is able, the internal frame of reference of the client, to perceive the world as the client sees it, to lay aside all perceptions from the external frame of reference while doing so, and to communicate something of this empathic understanding to the client. (p. 29)

A crucial element in nondirective counseling, then, is the counselor's participation as a genuine person. Helpful counseling techniques that you might use are listening in-depth, reflecting on attitudes and feelings, and clarifying. Many counselor responses are open-ended or nonstructured leads that prompt the client to express the emotions accompanying a problem. Hackney and Nye (1973) suggest that a good way to help the client identify and express feelings is to model this process; the counselor expresses a feeling that the client may be experiencing. The counselor might say, "I think we've really gotten somewhere today and I feel good about that." The counselor might also model the client's situation by saying, "If she had treated me that way, I think I would have been pretty angry." This strategy helps the client who is unable, for whatever reason, to make appropriate emotional responses.

Davis (1977) points out that Rogerian counseling is a skilled process, unlike what is jokingly called "uh-huh counseling" where the counselor nods his head, smiles at the client, and repeatedly says "uh-huh." The helper must completely concentrate on the client's problem to communicate empathic understanding, allowing the client to gain insight and greater self-understanding. Davis refers to this type of counseling as a fluid, sensitive relationship that requires close attention to detail.

McGowan and Porter (1967) indicate that a major advantage of Rogerian counseling is that clients depend less on the counselor to make their decisions. Instead, responsibility falls on the client to find solutions to problems. The client's past experiences, which cannot be changed, are minimized and attention focuses on present adjustment. Client-centered counseling provides an emotional release as well as a permanent form of self-suggestive growth.

Lewis (1970) notes that the strengths of the client-centered approach are its emphasis on positive development of the individual, and its use of a therapeutic technique that does not involve years of intensive training to master. He warns that Rogerian counseling is not easy or simple, however. The basic concepts are easily understood, but the true client-centered therapist must possess a self-awareness and a capacity for forming relationships not usually encountered. A great deal is required of the therapist as a person rather than as a therapist. The helper's attitudes of respect, empathy, and warmth are often more important than the technique employed.

Perhaps the major disadvantage of client-centered counseling is that it assumes an emotional cause behind every problem; all clients fit the mold of having emotional problems regardless of their own perceptions. Two other disadvantages mark client-centered counseling. First, the counselor is expected to be neutral, neither condemning nor condoning the actions or feelings of the client. Is it possible for any counselor to be valueless in an interpersonal situation? Second, because of the specific techniques necessary in Rogerian counseling, a series of interviews or conferences is usually required. Nondirective counseling is often considered too time consuming and expensive to be realistic.

As a contemporary note, Carl Rogers (1977) now speaks of a person-centered approach. He states:

A person-centered approach, when utilized to encourage the growth and development of the psychotic, the troubled, or the normal individual, revolutionizes the customary behaviors of members of the helping professions. It illustrates many things: (1) A sensitive person, trying to be of help, becomes more person-centered, no matter what orientation she starts from because she finds that approach more effective. (2) When you are focused on the person, diagnostic labels become largely irrelevant. (3) The traditional medical model in psychotherapy is discovered to be largely in opposition to person-centeredness. (4) It is found that those who can create an effective person-centered relationship do not necessarily come from the professionally trained group. (5) The more this person-centered approach is implemented and put into practice, the more it is found to challenge hierarchical models of "treatment" and hierarchical methods of organization. (6) The very effectiveness of this unified person-centered approach constitutes a threat to professionals, administrators, and others, and steps are taken—consciously and unconsciously—to destroy it. It is too revolutionary. (p. 28)

More recently, Rogers (1980) identified the central hypothesis of the person-centered approach. According to Rogers, "individuals have within themselves vast resources for self-understanding and for altering their self-concepts, basic attitudes, and self-directed behavior; these resources can be tapped if a definable climate of facilitative psychological attitudes can be provided" (p. 115).

The Eclectic Viewpoint

Several years ago, Hitchcock (1964) defined the eclectic approach to counseling as an approach where directive, nondirective, and other techniques are employed to aid the client in adjusting to life's problems. This approach is often referred to as the "middle-of-the-road" approach. As Shertzer and Stone (1980) note, the word *eclectic* means to select, to choose appropriate doctrines or methods from various sources or systems. The eclectic counselor, then, believes that procedures, techniques, and concepts from many sources will best serve the needs of the person seeking help. Shertzer and Stone further note that through the eclectic counselor's knowledge of perception, development, learning, and personality, a wide repertoire of helping approaches is available to the counselor, who then must choose the most appropriate in terms of the particular problem, the situation, and the personality of the client or parent.

Ivey and Simek-Downing (1980) warn helpers about relying on a single model of helping by stating:

Common to many people in helping is an overzealous commitment to one single most effective way of helping. Commitment and belief are important if one is to be competent and make a difference in the lives of others, but a single-minded commitment to a sole theoretical school can represent a rigidity which makes it impossible to reach and help many people who might respond to another point of view. The task is to become versatile in many theories and approaches and to remain open to new ideas. (p. 7)

Frederick Thorne contributed most to the development of eclecticism. In his book, *Principles of Personality Counseling*, he discussed the scientific application of eclecticism—a technique that calls for a study of all methods of diagnosis and treatment. As Thorne (1961) expresses it:

To the degree which eclecticism is able to integrate all operational methods and find ways available at time and place, it appears to us that it must represent the last word concerning what we can validly understand and apply in practice. (p. 240)

The eclectic model is based on two assumptions: (1) that people differ in their capacity to cope with life and its problems and therefore need different types of assistance, and (2) that an adequate diagnosis is essential to any science that proposes to identify and appropriately treat problems. Accord-

ing to Thorne (1950), the process of personality counseling involves five stages:

1. Diagnosis of the cause of personality maladjustments
2. Making a plan for modifying the causal factors
3. Securing proper conditions for efficient learning
4. Stimulating the client to develop his own resources and assume responsibility for practicing new modes of adjustment
5. Handling any related problems that may contribute to adjustment. (pp. 88-89)

As with other approaches, eclectic counseling is characterized by warmth, understanding, and acceptance, but adds an emphasis on reassurance and information-giving to promote client learning. A counselor who intends to use eclecticism should have a scientific view of man, broad diagnostic skills, and an openness that allows flexible style and technique.

The advantage of eclecticism over other counseling methods is that Thorne has analyzed and integrated the best aspects of each. This diversity and flexibility of technique theoretically allows the counselor to work with a more diverse clientele.

A common criticism of the eclectic approach, however, is that it is not realistic to expect counselors to be expert in so many methods and styles. Counselors have a tendency to develop their own personal style and often lose effectiveness when trying another technique. It is also unrealistic to expect most counselors to possess the academic and diagnostic training necessary for successful eclectic counseling.

Hackney and Nye (1973) observe that once the counselor and client have identified specific goals, the counselor's expertise is needed. The counselor must establish rapport and a helping relationship as well as possess a repertoire of counseling strategies to help the client achieve the established goals. These strategies become *modus operandi* (plans of action) to achieve specific client outcomes.

COMPARISON AND CONTRAST OF DIRECTIVE/NONDIRECTIVE/ECLECTIC METHODS

Demos and Grant (1973) offer an outline of differentiation between the three traditional counseling approaches.

Directive

1. Relies on data gathered by the counselor
2. Concerns intellect (reacting to intellectual content)
3. Predominantly scientific
4. Primarily concerned with educational and vocational areas
5. Emphasizes problems of the client

Nondirective

1. Relies on data offered by the client
2. Concerns emotions (reacting to emotional content)
3. Predominantly focuses on the art of human relations
4. Primarily concerned with the personal-social area
5. Emphasizes the process of interviewing

Eclectic

1. Relies on data gathered by the counselor or offered by the client
2. Concerns intellect or emotions
3. Involves a scientific approach or the art of human relations
4. Includes educational, vocational, and personal-social areas
5. Emphasizes the problem or process

An unanswered question remains: How does a helper determine the appropriate or best helping strategy? Although there is no absolute answer, knowledge, training, experience, and flexibility appear to be the most critical factors in determining when to adopt directive, nondirective, or eclectic theories of counseling. Skill and proficiency in the method or theory used is also crucial—probably more than the particular method used. Demos and Grant acknowledge that they do not single out any technique as being superior to the others. Each technique has its own merits in a given situation.

Hackney and Nye (1973) maintain that common elements exist in all counseling approaches, and comment that

Counseling involves responding to both feelings and thoughts of the client. Or, thinking of this in another way, the counselor deals with both attitudes and behaviors of the client. Existing theoretical approaches differ with respect to emphasis and order of responsiveness to feelings and behavior. Some approaches (client-centered; existential) favor an emphasis on feelings; others (rational-emotive; reality therapy; behavioral) emphasize the importance of behaviors and actions. An eclectic counseling model, however, would acknowledge the importance of being able to identify and respond appropriately to both feeling states and behaviors. (p. 5)

Counselors and psychologists continue to prefer eclecticism above other counseling types. Smith (1982) conducted a survey that indicated a 1% majority of the therapists surveyed identify with an eclectic orientation from a choice of twelve theoretical orientations (Adlerian, Behavioral, Cognitive-behavioral, Eclectic, Existential, Family, Gestalt, Person-centered, Psychoanalytic, Rational-emotive, Reality, and Transactional analysis). Psychoanalytic and Cognitive-behavioral orientations accounted for the next highest preferences with approximately 10% for each.

THE BEHAVIORAL OR ACTION APPROACH

Because none of the traditional counseling techniques was flexible enough to help all clients, supplementary counseling techniques became necessary.

One of the techniques recognized and accepted by practitioners is behavioral or action counseling. Several years ago, Lewis (1970) noted that only recently have counselors responded to the challenge presented in 1962 by Michael and Meyerson in their article, "A Behavioral Approach to Counseling and Guidance." In this provocative article, the authors state that "observable behavior is the only variable of importance in the counseling and guidance process, and it is the only criterion against which the outcome of the process can be evaluated" (p. 395–396). Operant conditioning, proposed by B.F. Skinner, is based on the idea that we tend to repeat behaviors that bring about positive consequences; behaviors that elicit negative responses are not repeated. Operant responses, then, are given to gain some type of positive outcome (Weiten, 1983). Proposing this same idea, Michael and Meyerson (1962) point out that "behavior is controlled by its environmental consequences and an effective procedure for producing behavioral change is the manipulation of the environment so as to create consequences that will produce the desired behavior."

Thoresen (1966) made a five-fold statement that captured the essence of behavioral counseling:

1. Most human behavior is learned and is therefore subject to change.
2. Specific changes of the individual's environment can assist in altering relevant behaviors; counseling procedures seek to bring about relevant changes in student behavior by altering the environment.
3. Social learning principles, such as those of reinforcement and social modeling, can be used to develop counseling procedures.
4. Counseling effectiveness and the outcome of counseling are assessed by changes in specific student behaviors outside the counseling interview.
5. Counseling procedures are not static, fixed, or predetermined, but can be specifically designed to assist the student in solving a particular problem. (pp. 395–396)

Patterson and Eisenberg (1983) also discuss the nature of behavioral counseling. Their viewpoints are worthy of noting:

- ☐ Behavioral counseling is based on learning theory. The fundamental assumption is that all behavior is learned and can therefore be changed by implementing strategies to produce new learning.
- ☐ The purpose of behavioral counseling is to change ineffective behavior, and only measurable behavior change is regarded as evidence of successful counseling.
- ☐ Behavioral counseling places great emphasis on the clear definition of goals. Goals are stated in terms of behavior change so that observation will provide evidence of measurable change.
- ☐ Counseling strategies are based on the principles of learning. The client is taught to think differently about a behavior or is simply conditioned to behave differently.

The most significant aspect of the behavioral counseling relationship setting up a structure that enhances specific, positive, observable changes in client behavior. This type of counseling emphasizes identifying the behavioral events that are to be modified as well as determining the present stimuli reinforcing the behaviors. It is important, then, to define, or pinpoint, the client's particular concern. From a learning theory framework, to define a client's difficulty as having a poor self-concept is insufficient. Instead, state the problem in terms of overt behavior (Hansen, Stevic, & Garner, 1972). Any observed behavior is measurable, offering concrete evidence of any change. For example, the nondirective counselor might suggest a counseling goal such as "improving the client's self-concept"; the behavior-oriented counselor would specify the behaviors that would give the client new ways of coping with problems and that would eventually lead to an improved self-concept.

Ullman and Krasner (1965) suggest three initial questions that the behavioral counselor might ask:

1. What behavior is maladaptive; that is, what subject behaviors should be increased or decreased?
2. What environmental contingencies currently support the subject's behavior?
3. What environmental changes, usually reinforcing stimuli, may be manipulated to alter the subject behavior?

Dustin and George (1973) describe action or behavioral counseling as consisting of three essential phases. In Phase 1, the counselor begins contact with the client by listening and communicating empathic understanding to develop a special kind of relationship. Phase 2 is the stage when the counselor and client decide how to meet the client's needs and what techniques will be most effective. In Phase 3, the client follows an action plan. More and more of the conversation between the counselor and client is based on what the client did or would like to do, and what they can do to meet the client's objectives. According to Dustin and George, combining these three phases of relationship, choice, and action provides an effective approach toward behavior change.

One advantage of behavioral counseling is its in-depth approach that stresses observable behavioral changes. Another advantage is the positive reinforcement given to clients to motivate them to continue the change process. The disadvantage is that those who aspire to be effective behavioral counselors have had only a superficial exposure to learning theories and may not be competent in using the behavioral method. If you adopt a behavioral approach, you must be well-versed in learning theory to assist clients to grow in self-understanding.

Helping Parents Understand and Apply Behavioral Principles

Education has often excluded parents from direct involvement with their children's education, providing them only with information and advice instead. Professionals in parent intervention programs are becoming more aware of the productive contributions that parents can make toward their child's development. In fact, parents are now valued as major contributors to parent-child interactions, as well as primary agents for changing these interactions. Parents *can* be taught the principles and skills of behavior management and they are capable of bringing about specific changes in their child's behavior.

Karnes and Zehrback (1972) state that the success of a parental involvement program depends on three factors:

1. The attitude of the professional—there must be a positive attitude about the parents' contribution to the growth of their child.
2. The recognition that there is more than one way to involve parents—parents have individual needs that must be recognized to help them select the best way to involve themselves in the educational program of their child.
3. The belief that each parent is capable of growth—the amount of growth of parents will vary. The extent depends on the degree to which the teacher changes, expands, and increases the breadth and depth of activities in the parent involvement program.

In addition to these factors, parents must realize the importance of committing time and effort, maintaining a positive attitude toward their child, and adhering to a consistent application of newly acquired skills. You as a helper must encourage parents if they begin to feel frustrated, fatigued or disappointed.

O'Dell (1974) states some advantages to using behavior modification approaches for training parents to manage children's behaviors. The advantages include the following:

1. Behavior modification techniques are easy to learn. Persons who are unskilled in sophisticated therapy techniques can learn the principles of behavior modification. A college education or professional training is not a prerequisite for successful management of a child's behavior repertoire.
2. Parents and professionals alike prefer a management model that is not oriented to sick behavior and patterned after the traditional medical model.
3. The majority of children's behavioral responses possess common features that are amendable to change by the systematic application of behavioral principles.
4. The behavioral principles can be carried out in the natural environment where the behavioral problems are being manifested by the child and responded to by the parents. (p. 419-420)

According to Karnes and Zehrback (1972),

The basic thrust of this approach requires the parent to specify exactly which child behaviors are his concern, gather data to record the frequency of such behavior, develop a specific procedure for changing the child's behavior, and then note the degree of change in the child's behavior. (p. 14)

They also note that parents who profit most from this approach seem to be fairly stable, consistent, and seem to need to bring about a positive change in their child's behavior.

What are some principles that parents should be aware of before using behavior modification techniques? They should have an understanding of what a behavior is, how behaviors are learned, and how to influence (change) a behavior.

The basic principle of behavior modification is that behavior is learned; it is taught. If it is learned it can be relearned or unlearned. Much of our behavior is learned through interaction with the surrounding environment. From our childhood, parents, teachers, peers, brothers, sisters, and even strangers have provided cues and rewards for our responses to the environment. The food we eat, the people we like, the clothes we wear, and so forth are learned from our friends and society. We learn not only desirable behavior but undesirable as well, for we act in a manner that we feel will help us get along best in that environment. When observing a child one sees various types of behavior. This behavior may be attributed to aggression, neglect, or lack of motivation, but all one can really see is the behavior—the overt, physical, or psychomotor act. Behavior, in this context, is a series of observable responses.

What Constitutes a Behavior?

Three characteristics define a behavior. First, the behavior must be directly observable and capable of being clearly described so that any person could accurately identify its occurrence. As we established before, an observed behavior is measurable. Second, the behavior should involve movement. Acts such as sitting, resting, daydreaming, and being quiet are really the absence of behavior, and are noticeable only because some other behavior is not occurring. Third, the behavior should be repeatable. If a behavior cannot be repeated, then it cannot be examined. It must occur a sufficient number of times for the counselor to work with it.

The basic law of behavior is the *law of reinforcement*. Behaviors that are rewarded tend to be repeated and behaviors that are not rewarded tend not to be repeated. A behavior, then, is repeated because its consequences have been rewarding or pleasing to the person; otherwise, that behavior would not reoccur. If we observe a behavior occurring repeatedly, there must be some reward or desired outcome that supports it. This is astounding when one considers that inappropriate or undesirable behaviors are also

being rewarded. In fact, the reward must be so important that the behavior continues in spite of any unpleasant results.

How to Influence Behavior

There are four basic ways that a parent can influence, change, and manage a child's behavior:

1. **Increase**—The parent may increase or strengthen a good behavior that doesn't happen often enough. One method for learning new behavior is observation and imitation. A child may copy or imitate a behavior if someone else performs it and is rewarded. This type of imitative behavior is called modeling. Children learn to speak, ride bicycles, identify with their sex, and so forth by imitating the actions of others.
2. **Decrease**—A parent may decrease or weaken a bad or displeasing behavior that happens too frequently. If a child exhibits undesirable behaviors, the objective is to not reinforce them.
3. **Shape**—If a behavior has never been performed by a child it is impossible to reward the behavior. To teach a behavior, parents must reward ones that approximate the desired behavior. As the general response is performed more frequently, parents should reward only those a step closer to the desired specific behavior.
4. **Maintain**—To maintain a child's existing behavior that is pleasing, parents should continue to reward the child for the behavior.

To benefit from our discussion of the major counseling theories, it would be helpful to identify some principles that apply to all counseling theories. Downing (1975) believes that instead of moving directly to a counseling technique to help the individual, the counselor should first consider some sound principles that dictate to a degree the appropriateness of a technique. According to Downing, some principles appropriate to all counseling approaches, or to an integrated approach, might include the following:

- (a) Always view each problem revealed from the viewpoint of the client. Attempt to perceive the total situation from the perspective of the individual.
- (b) Create a nonjudgmental atmosphere in which the person is encouraged to express himself with candor and freedom. Minimize any possibility of his thinking that the counselor will judge or punish behavior.
- (c) View each individual as a whole, or as a totality of personality traits and characteristics. Realize that the isolation and treatment of a single symptom is likely to be unproductive in terms of total growth. Wholeness is essential here.
- (d) Avoid the temptation to focus upon a particular behavior, personality trait, or problem as if the resolution of a particular difficulty were the answer to the person's needs. Anticipate the existence of underlying conditions with a relationship to the main problems, and assume a condition of interrelationships among personality traits and among the causes of difficulties.

(e) Always direct efforts toward helping the individual identify and fulfill his needs. Assume that progress toward need fulfillment will also result in the resolution of many of an individual's problems.

(f) Proceed as if the best solutions to a person's problems are to be found within himself. It is the internal strength of the individual upon which he can rely most confidently for answers to his problems.

(g) Demonstrate a belief in the individual from which he may gain added confidence and through which appropriate actions may be triggered. Help him to see a justification for the confidence shown in him by believing in him and by reinforcing his efforts.

(h) Continually emphasize an attitude of high regard for him as a worthy human being. Help him to see his importance as a unique, deserving human being.

(i) Demonstrate enthusiasm and optimism in the relationship, and help him to see the humor as well as the seriousness of his situation. A hopeful, cheerful, optimistic attitude should be a prerequisite to a concerted attack upon existing problems.

(j) Focus all efforts upon strengthening and building up the individual. It is upon the increasing strength and capacities of the individual that he will be able to depend for actions and judgments.

(k) Structure each counseling session in such a fashion as to identify possibilities for developing and improving needed skills. Greater competence adds to self-confidence and attracts the kind of attention that continues to bolster self-esteem.

(l) Continually emphasize the notions that counseling is a shared and a sharing relationship and that all decisions are mutually achieved. Help him to feel that the tone and the quality of the relationship are a source of encouragement upon which he may draw indefinitely.*

There are other principles, but these are representative of common goals to establish in all types of counseling. The precise nature or number of principles is not important; however, it is important to observe principles for the improvement of counseling.

A final question remains that needs attention. What factors affect the counselor's chosen approach or strategy? There are many factors that influence the counselor's approach and course of action. Some of the major considerations and variables are

- ☐ the counselor's philosophy of counseling,
- ☐ the counselor's concept of his or her role,
- ☐ the knowledge, competencies, and experience of the counselor
- ☐ the particular concern of the parent (Parents present different kinds of problems and need different kinds of help.),
- ☐ the parent's ability to assume a responsible role in the counseling process, and
- ☐ the helper's realization that there are no simple solutions to complex problems.

*SOURCE: Lester N. Downing, *Counseling theories and techniques summarized and critiqued*. Chicago, IL: Nelson-Hall, 1975, pp. 182-183. Reprinted with permission.

Although considering these factors may be helpful, the technique or techniques to use when counseling the parent of an exceptional child remains relatively open. Remember that people behave and act differently at every moment of their lives depending on their need for personal realization.

When helping people solve their problems, Johnson (1981) suggests observing two basic rules.

The first rule in helping other people solve their problems and understand distressing situations is to remember that all insights, understandings, decisions, and solutions occur within the other people, not within you. No matter how convinced you are that you know what the other people should do, your goal is helping must be to assist them in reaching their own decisions and forming their own insights.

The second rule in helping others solve their problems is to differentiate between an internal frame of reference (how the other person sees and feels about the situation) and an external frame of reference (how you see and feel about the other person's situation). You are able to give help to the extent that you understand and respond to the sender's frame of reference rather than imposing your frame of reference on the problem situation. (p. 159)

CHAPTER SUMMARY

Although specific counseling strategies and techniques for working with parents of exceptional children will be discussed in Chapters Eight, Nine, and Ten, any person who seeks to help others should understand the basic and fundamental counseling strategies. This understanding will help you capture the essence of helping, and may help you make choices of technique and strategy. This chapter should guide your own individual assessment and development of helping theories. Working effectively with others involves adopting specific actions, and since virtually all helping involves the counselor's efforts to teach counselees to solve their own problems, the helper needs to be familiar with basic helping strategies.

ACTIVITIES, EXERCISES, AND IDEAS FOR REFLECTION AND DISCUSSION

1. Cite individual variables that might influence the approach you would take in a counseling situation.
2. Which of the four approaches discussed in this chapter might be most difficult for a person without formal training in counseling? Why?
3. What type of counseling approach would appear to work best for individuals who need information, understanding, emotional support, and acceptance to make a correct decision?
4. Choose two people to represent a client and counselor. Define a problem, and role-play a counseling session employing a particular counseling approach. See if the class can identify which approach was used by analyzing the exchange between client and counselor.

5. Complete this statement: A counselor's approach to counseling is governed in part by his _____. Compare your response with another person.
6. Of the counseling approaches discussed, which one seems to be the most systematic? Why?
7. Of the counseling approaches discussed, which one seems to be the most valid on a scientific basis? Why?
8. Do you agree with Carl Rogers's belief that people's problems are primarily emotional and that most clients already possess the objective information needed to make a decision about a problem? Substitute the words *parents of exceptional children* for *clients*. Has your opinion changed?
9. Which of the approaches discussed would probably work best with individuals who, by nature, are timid and reserved and quite fearful of seeking help or becoming actively involved in a counseling relationship? Why?
10. Is this statement valid? It is impossible for a counselor to provide the correct form of counseling service (treatment) without first identifying what it is that the client needs (diagnosis).
1. Should the beginning teacher/counselor experiment with the different types of counseling approaches or use only the one that has become most comfortable? What are some advantages and disadvantages of experimentation with counseling approaches?
2. Do you agree or disagree that giving advice is a purposeful counseling activity?
3. Once counseling decisions are made, what factors influence their implementation?
4. List specific ways in which goals, decisions, and behavioral operations may be evaluated.
5. Do you agree or disagree that the counselor of parents of exceptional children is dealing with problems of human behavior and, therefore, is essentially working with the fundamentals of psychology? What implications does this have?

REFERENCES

- Benjamin, A. (1974). *The helping interview*. Boston: Houghton Mifflin.
- Brammer, L. M. (1979). *The helping relationship: Process and skills* (2nd ed.). Englewood Cliffs, NJ: Prentice-Hall.
- Coleman, J. C. (1969). *Psychology and effective behavior*. Glenview, IL: Scott, Foresman.
- Davis, K. (1977). *Human behavior at work: Organizational behavior*. New York: McGraw-Hill.
- Demos, G. D., & Grant, B. (1973). *An introduction to counseling: A handbook*. Los Angeles: Western Psychological Services.
- Downing, L. N. (1975). *Counseling theories and techniques: Summarized and critiqued*. Chicago: Nelson-Hall.
- Dustin, R., & George, R. (1973). *Action counseling for behavior change*. New York: Intext Educational Publishers.
- Hackney, H., & Nye, S. (1973). *Counseling strategies and objectives*. Englewood Cliffs, NJ: Prentice Hall.
- Hanson, J. C., Stevic, R. R., & Warner, R. W. (1972). *Counseling: Theory and process*. Boston: Allyn & Bacon.
- Hitchcock, W. L. (1964). *The counseling service*. Atlanta, GA: Georgia Department of Education.
- Ivey, A. E., & Simek-Downing, L. (1980). *Counseling and psychotherapy: Skills, theories, and practice*. Englewood Cliffs, NJ: Prentice-Hall.
- Johnson, D. W. (1981). *Reaching out: Interpersonal effectiveness and self-actualization* (2nd ed.). Englewood Cliffs, NJ: Prentice-Hall.
- Karnes, M. B., & Zehrbach, R. R. (1972). Flexibility in getting parents involved in the school. *Teaching Exceptional Children*, 5, 6-19.
- Lewis, E. C. (1970). *The psychology of counseling*. New York: Holt, Rinehart, & Winston.
- McGowan, J. F., & Porter, T. L. (1967). *An introduction to the vocational rehabilitation process*. Washington, DC: U.S. Department of Health, Education, and Welfare.
- Michael, J., & Meyerson, L. (1962). A behavioral approach to counseling and guidance. *Harvard Educational Review*, 32, 395-396.
- O'Dell, S. (1974). Training parents in behavior modification: A review. *Psychological Bulletin*, 81, 418-433.
- Patterson, L. E., & Eisenberg, S. (1983). *The counseling process* (3rd ed.). Boston: Houghton Mifflin.
- Rogers, C. R. (1977). *Carl Rogers on personal power*. New York: Delacorte.
- Rogers, C. R. (1951). *Client-centered therapy*. Boston: Houghton Mifflin.
- Rogers, C. R. (1980). *A way of being*. Boston: Houghton Mifflin.
- Shertzer, B., & Stone, S. C. (1980). *Fundamentals of counseling* (3rd ed.). Boston: Houghton Mifflin.
- Smith, D. (1982). Trends in counseling and psychotherapy. *American Psychologist*, 37 (7), 802-809.
- Stewart, J. C. (1974). *Counseling parents of exceptional children: Principles, problems and procedures*. New York: MSS Information Corporation.
- Thoresen, C. E. (1966). Behavioral counseling: An introduction. *The School Counselor*, 14, 13-21.
- Thorne, F. C. (1961). Clinical judgment. *Journal of Clinical Psychology*, 22.
- Thorne, F. C. (1950). Principles of personality counseling. *Journal of Clinical Psychology*, 88-89.
- Ullman, L. P., & Krasner, L. (1965). *Case studies in behavior modification*. New York: Holt, Rinehart, & Winston.
- Weiten, W. (1983). *Psychology applied to modern life: Adjustment in the 80s*. Monterey, CA: Brooks/Cole.
- Williamson, E. G. (1959). Some issues underlying counseling theory and practice. In W. E. Dugan (Ed.), *Counseling points of view*. Minneapolis: University of Minnesota Press.
- Williamson, E. G. (1950). *Counseling adolescents*. New York: McGraw-Hill.
- Williamson, E. G. (1980). In B. Shertzer and S. C. Stone, *Fundamentals of counseling* (3rd ed.). New York: Houghton Mifflin.

SELECTED REFERENCES FOR FURTHER READING AND STUDY

- Ball, T. S., Coyne, A., Javis, R. M., & Pease, S. (1984). Parents of retarded children as teaching assistants to other parents. *Education and Training of the Mentally Retarded*, 19, 64-69.
- Brown, D., & Brown, S. (1975). Parental consultation: A behavioral approach. *Elementary School Guidance and Counseling*, 10, 95-102.
- Ewing, D. B. (1977). Twenty approaches to individual change. *Personnel and Guidance Journal*, 55, 331-338.
- Glnnot, H. G. (1965). *Between parent and child*. New York: Avon.
- Glasser, W. (1965). *Reality therapy*. New York: Harper & Row.
- Gordon, T. (1970). *Parent effectiveness training*. New York: Peter H. Wyden.
- Harris, T. A. (1969). *I'm o.k.—You're o.k., A practical guide to transactional analysis*. New York: Harper & Row.
- MacNamara, R. (1977). The complete behavior modifier: Confessions of an overzealous operant conditioner. *Mental Retardation*, 15, 34-37.
- Parloff, M. B. (1976, February 21). Shopping for the right therapy. *Saturday Review*, 14-20.
- Roos, P. (1974). Human rights and behavior modification. *Mental Retardation*, 12, 3-6.